

# APPLICATION FOR CLINICAL LABORATORY BIOANALYST OR CLINICAL LABORATORY DIRECTOR LICENSE

## Instructions:

Application Fee: \$162.00

- Please complete this application in full. An incomplete application will be returned to the applicant for completion.
  - Your nonrefundable money order, cashier's check, or personal check application fee must be submitted and made payable to  
CPS Human Resource Services  
Att: CLS Program  
241 Lathrop Way  
Sacramento, CA 95815
  - All **Official** Transcripts, U.S. armed service documents, and verification of clinical laboratory training/experience must be sent directly by the registrar's office, U.S. armed service office, the laboratory director, or the training coordinator.
  - All documents are to be sent directly to this department at the following address:  
California Department of Health Services, Laboratory Field Services  
1111 Broadway 19<sup>th</sup> Floor, Oakland, CA 94607-4036
  - If you attended a foreign college or university you may be required to submit a transcript evaluation performed by the American Association of Registrars and Admissions Officers
  - If you are a physician or surgeon, please send a copy of your current, signed California medical license renewal
1. Check **one** license category only. An applicant can apply for one examination per each examination cycle.

\_\_\_ 02 Clinical Lab Bioanalyst  
\_\_\_ 16 Clinical Chemist  
\_\_\_ 17 Clinical Microbiologist  
\_\_\_ 18 Clinical Toxicologist

\_\_\_ 20 Clinical Cytogeneticist #  
\_\_\_ 21 Clinical Genetic Molecular Biologist #  
\_\_\_ 22 Oral Laboratory Pathologist #  
\_\_\_ Other \_\_\_\_\_

NOTE: For one of the pound (#) categories above, the State of California does not require a written examination in these categories. The National Certification Board Examination for the category selected must be passed before applying for a California's license in that category.

## DO NOT WRITE IN THIS BLOCK FOR DEPARTMENTAL USE ONLY

Examination Number	Examination Date	
Approval	By	Date
<input type="checkbox"/> Final	_____	_____
<input type="checkbox"/> Contingent	_____	_____
<input type="checkbox"/> Reject	_____	_____
<input type="checkbox"/> Reason	_____	_____
Written Exam	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail <input type="checkbox"/> N/A
Certifying Exam	<input type="checkbox"/> Accept	<input type="checkbox"/> Not Accept
Oral Exam	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail <input type="checkbox"/> N/A
Permanent License Number:- _____		
Previous File ID Number:- _____		
Site Code:- _____		

8. Please Print: Last Name		First Name & Middle Initial			
Mailing Address: (Street or P.O. Box)		City	County	State	Zip
9. I prefer to take the examination in:		<input type="checkbox"/> Southern California		<input type="checkbox"/> Northern California	
10. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	11. Birth Date (month/day/year) ___/___/___		12. Place of Birth		
13. Maiden name or previous last name		14. Mother's Maiden Name		15. United States Social Security Number* ____-__-____	
16. Citizen of U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Ethnic affiliation (Choose number from item 23)** _____		18. Have you previously applied for a California Scientist Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name used and date _____		
19. Have you been issued another California laboratory personnel license (including trainee license)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of license _____ License Number _____					
20. Have you been convicted of any felonies or misdemeanors other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach statement giving details.					

**22. Education** (Ask college or university to send official transcripts **Directly To LFS**).

Name of College or University	Address	Major course of study	Dates Attended (month/year)		Number of units	Degree Received	Graduation Date
			From	To			

I have requested that my transcript be sent **Directly To LFS** from my college. Date requested:- \_\_\_\_\_

**23 Clinical Training** (Ask program director to certify completion of this training **Directly to LFS**.)

Name of Training Institution	Address	Date of Training (month/year)		Specialty
		From	To	

**24. Experience** (If experience is used to document training, ask employer to certify completion of this experience **Directly to LFS**.)

Name of Facility	Address	Dates of Experience (month/year)		Hours per week spent in Specialty/Subspecialty
		From	To	

**25. Completion of National Certification Board Examination** (send a copy of your board certificate)

Name of Accrediting Organization	Address	Specialty of Certification	Date of issuance

I declare under penalty of perjury that all statements made in this application are true and correct and I agree and understand that any misstatements of material facts will cause forfeiture on my part of all rights under the laws of California related to clinical laboratories.

Signature of applicant		Date
Daytime telephone (     )	E-mail address (if applicable)	

NOTE: - On January 1, 1977, the Governor's Executive Order # B-22-76 became operational. This order is intended to protect the privacy of individuals by regulating the gathering and maintenance of personal data. You need to provide citizenship information, and the optional social security number is used only as an aid in tracking applicant information. The other information requested must be furnished in order to process the application and to determine an individual's eligibility for licensure as authorized under Business and Professions Code, Chapter 3, and Title 17 of the California Code of Regulations. Failure to provide such information would preclude acceptance of your application. You have the right to review your file, which is maintained by the Chief, Laboratory Field Services Branch, Department of Health Services, 1111 Broadway – 19<sup>th</sup> floor, Oakland, CA 94607-4036.

23. \*\* ●1. = **Black**: ●2. = **Asian** (including Japanese, Chinese, Korean, Vietnamese, Asian Indian, Cambodian, Laotian, Other Asian); ●4 = **Hispanic** (including Mexican, Mexican American, Chicano, Puerto Rican, Cuban and does not include persons of Portuguese or Brazilian origin or persons who acquired a Spanish surname); ●5 = **White** ●6 = **Pacific Islander** (including Hawaiian, Samoan, Guamanian/Chamorro and other Pacific Islanders); ●7 = **American Indian** (including Eskimo, Aleut and must be a member of an American Indian Tribe or band recognized by the Federal Bureau of Indian Affairs, or have at least one-quarter blood quantum of tribes or bands indigenous to the United States or Canada (SPB Rule 547.37 requires written verification of American Indian Ancestry at time of employment); ●8. = **Filipino**; ●3. = Other